

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-041225

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10351

STATE FILE NUMBER

FILED OCT 24 1963

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Washington	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Blackwell, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul Hospital		d. STREET ADDRESS Star Route	
3. NAME OF DECEASED (Type or print) Wallace Boyer		4. DATE OF DEATH 10 17 1963	
5. SEX Male	6. COLOR OR RACE Cauc.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-26-1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mill Worker		11. BIRTHPLACE (City and state or country) Richwood, Missouri	
13a. FATHER'S NAME Eli Boyer		14. NAME OF HUSBAND OR WIFE ANASTASIA BOYER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) no		16. SOCIAL SECURITY NO. (If yes, give war or dates) known	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rupture of abdominal aneurysm Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) chronic pancreatitis DUE TO (c) 451X		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from Sept 30 1963, to Oct 14 '63 and last saw her him alive on Oct 13. 1963 Death occurred at: 3:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS 508 N. Grand	
22a. SIGNATURE (Degree or title) Paul M. Merriam M.D.		22c. DATE SIGNED 10/16	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23d. LOCATION (City, town, or county) Tiff, Missouri	
23b. DATE Oct 19, 63		23c. NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery	
24. FUNERAL DIRECTOR Mothershead Funeral Home		25. DATE RECD. BY LOCAL REG. OCT 17 1963	
ADDRESS DeSoto, Mo.		26. REGISTRAR'S SIGNATURE Earl Smith M.D.	

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Andrew H. England
Licensed Embalmer No. 4745
P. O. Address De Soto, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.